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SUBJECT: ETHIOPIA: CONFERENCE EXAMINES PROGRESS TOWARD MDGS

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¶1. (U) SUMMARY: At a half-day seminar, GOE and NGO officials discussed Ethiopia's progress towards achieving the Millennium Development Goals (MDGs). Participants highlighted that Ethiopia had integrated and streamlined MDGs into national development policies and programs, such as the 2002-2005 Sustainable Development for Poverty Reduction (SDPRP) and the 2005-2010 long-term Plan for Accelerated and Sustained Growth to End Poverty (PASDEP). The conference concluded that many countries in Africa are not likely to meet the MDGs; GOE officials stated that while Ethiopia's progress to date was in line with MDG targets, current efforts had to be doubled for Ethiopia to meet the MDGs by 2015. While Ethiopia's recent achievements are encouraging, Ethiopia's human development indicators remain low, and the country continues to face major challenges and constraints in the provision of basic services. Ethiopia's strengthening of policies--in sectors such as health, education, and water and sanitation--has led to an improvement in some of the human development indicators, albeit from a low base line. END SUMMARY.

¶2. (U) The July 13 conference was organized by the Ethiopian International Institute for Peace and Development (EIIPD), an Ethiopian NGO led by Professor Kinfe Abraham. Kinfe discussed the MDGs' adoption by the September 2000 UN Millennium Summit in New York, and how monitoring mechanisms included progress report from the UN Secretary-General to the UN General Assembly. He noted that Ethiopia was one of five countries selected to review its progress towards achieving the MDGs.

GOE'S 5-YEAR PLAN IN LINE WITH MDGS

¶3. (U) Getachew Adem, Head of the Planning and Research Department of the Ethiopian Ministry of Finance and Economic Development (MOFED), said that as the GOE's primary role was fighting poverty, it had welcomed the development of the MDGs in 2000 and had integrated them into various national policies and programs, including the medium-term SDPRP and long-term PASDEP plans and programs. The five-year PASDEP, now in its third-year of implementation, focused on building implementation capacity, accelerating economic growth, addressing population pressure, unleashing the potential of Ethiopian women, improving infrastructure, enhancing human development, and managing risks. MDG targets tracked with these PASDEP objectives, so implementation of the PASDEP would mean progress in the MDGs. Getachew asserted that performance indicators to date--in terms of poverty; expansion in education, health, and water supply coverage; and others--were in line with PASDEP and MDG targets. However, challenges included a decline in external inflows, regional disparity, as well as quality problems in education and health services. He concluded that if

current efforts were doubled in the remaining eight years, Ethiopia would meet MDG targets by 2015.

¶4. (U) Dr. Hailesellasie Equbagizi, representing WHO, said that while health indicators-- including under-five mortality, maternal mortality, and HIV/AIDS prevalence--were encouraging, progress to date suggested a long way to go to meet the MDGs.

¶5. (U) Dr. Yemane, a Columbia University researcher, presented a progress report on the Millennium Village Project in Ethiopia. Ethiopia was one of ten countries selected for this pilot project. The project in Ethiopia was started at Korora village, to improve health services, water supply, education, and other services for 5,000 beneficiaries, but had since expanded to ten more villages encompassing over 50,000 beneficiaries. While the project was improving the lives of beneficiaries, it was too early to assess its success or failure.

¶6. (SBU) COMMENT. Prof. Kifle Abraham's EIIPD is an Ethiopian NGO that conducts training for the Ethiopian foreign ministry (MFA), and whose conclusions may reflect those of the GOE. For example, the Transitional Federal Government of Somalia's (TFG) Ambassador to Ethiopia and PermRep to the African Union was a featured speaker at an EIIPD workshop earlier this year, which explained Ethiopian national interests motivating Ethiopia's military intervention in Somalia.

COMMENT: IMPROVEMENT FROM LOW BASE LINE

¶7. (SBU) COMMENT CONTINUED. While Ethiopia's MDGs are streamlined into its national development policies and programs, the challenges to meeting those goals are great, and include the quality of education and health services, disparities among Ethiopia's regions, the country's dependence on foreign inflows, low implementation capacity, and resource gaps.

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¶8. (U) The GOE's commitment to poverty reduction and to the MDGs is evidenced by the continuous rise in pro-poor expenditure, and in the strengthening of policies in key pro-poor sectors, such as health, education, and water and sanitation. This, and increased spending on poverty-oriented sectors in the context of macro-economic stability, have led to an improvement in some of the human development indicators, albeit from a low base line.

¶9. (U) The expansion in gross primary school enrollment has been particularly significant, rising from 30 percent in the early 1990s to 91 percent now. Although Ethiopia still has one of the world's highest prevalence of child malnutrition, the prevalence rate is declining steadily. Access to potable water has also improved over the past five years, and more children in Ethiopia are being immunized against diseases such as measles, which has contributed to reducing child and infant mortality.

¶10. (SBU) While recent achievements are encouraging, Ethiopia's human development indicators remain low, and the country continues to face major challenges and constraints in the provision of basic services. Although primary school enrolment has expanded enormously, the available resources are not adequate to ensure improvements in educational outcomes. The resource constraints in the education sector are evidenced by congestion in schools. Access to education for children with special needs, and for children from pastoral areas, remains limited. The limited access to water is partly due to the inadequate capacity of rural water schemes, as many of them are malfunctioning, and existing water schemes lack adequate funding for maintenance or operating costs to sustain water supply. Lack of clean water and sanitation has also contributed to the high morbidity rates in Ethiopia.
END COMMENT.

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